

CITY OF LAFAYETTE, INDIANA
IMPROVEMENT LOCATION PERMIT APPLICATION
(REV 01/07)

PROJECT ADDRESS

SUBDIVISION

LOT NUMBER

PROJECT NAME (If available)

PERMIT #

STATE RELEASE #

APPLICANT'S NAME/ADDRESS(Print)

OWNER'S NAME/ADDRESS(Print)

CONTRACTOR'S NAME/ADDRESS(Print)

NAME:

NAME:

NAME:

ADDRESS:

ADDRESS:

ADDRESS:

CITY/STATE/ZIP:

CITY/STATE/ZIP:

CITY/STATE/ZIP:

EMAIL ADDRESS:

EMAIL ADDRESS:

EMAIL ADDRESS:

PHONE:

PHONE:

PHONE:

Who should we contact with questions concerning this application?

Does this project have site utility plan approval? YesNoN/A Remodel

Does this project have its state release? YesNo

Current zoning designation:

DESCRIBE WORK:

TOTAL VALUE OF PROJECT* \$Value To Include All Finish Work – Painting, Roofing, Electrical, Plumbing, Heating, Air Conditioning, Elevators, Fire Systems and Other Permanent Equipment.

TYPE OF PERMIT: BuildingAccessElectricRight-of-WayDemolitionOther

Lot Size: Lot acreageLot Sq. Ft. Lot Coverage %Vegetative Cover %Total Sq. Ft. Of All Buildings

Proposed Building Setbacks: FrontRearSides / No. Of Parking Spaces

(RESIDENTIAL ONLY): Total Number Dwelling UnitsAddedRemoved

Garage Work: Is existing driveway hard surface? Or gravel? (If gravel, must put in hard surface)

(COMMERCIAL ONLY): State released fire suppression, alarm system and hood systems plans must be submitted directly to the LAFAYETTE FIRE DEPARTMENT:

Total Sq. Ft. of InteriorPlans Not RequiredPlans AttachedFire Flow Test Results Attached

I UNDERSTAND THAT A CERTIFICATE OF OCCUPANCY IS REQUIRED BEFORE THE BUILDING MAY BE OCCUPIED.
If construction is not started within 120 days, or is discontinued for 120 days, the permit is null and void.

I UNDERSTAND that I am responsible for implementing and maintaining functioning erosion control measures for all construction activity associated with this project until project completion. I also acknowledge that I have read and am familiar with the storm water pollution prevention plan (SWPPP) and/or associated erosion control plans.

SIGNATURE OF OWNER

DATE

OFFICE USE ONLY	FINAL APPROVAL	APPLICATION COMPLETE NO COMMENTS	COMMENTS (See Below)
BUILDING			
ADA			
LANDSCAPE			
UTILITIES			
ELECTRICAL			
FIRE DEPT			
DRAINAGE/ EC			
COMM DEVEL			
GREASE TRAP			
ZONING			

INTERNAL REVIEW NUMBER